

1-15-02
THE UNITED STATES PATENT AND TRADEMARK OFFICE
UTILITY PATENT APPLICATION TRANSMITTAL

A

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: Smits et al.
TITLE: METHOD AND APPARATUS FOR IMPARTING CURVES IN IMPLANTABLE ELONGATED MEDICAL INSTRUMENTS



Commissioner for Patents
BOX PATENT APPLICATION
Washington, D.C. 20231



CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Box Patent Application, Commissioner of Patents, Washington, D.C. 20231, "EXPRESS No. EV 019 707 229 US, on this 9th day of January, 2002.

Sue McCoy
Printed Name
Signature

Sue McCoy

Sir:
We are transmitting herewith the attached:
 Patent Application Transmittal
 Specification:
Total pages: 32 (including claims and abstract: Spec. 22 sheets; Claims 9 sheets; Abstract 1)
 Drawings:

Total sheets: 6
 formal informal

Combined Declaration and Power of Attorney:

unexecuted
 copy from prior application
 Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))
 Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

Accompanying application parts:

Notification of filing a
 Assignment of the Invention to Medtronic, Inc.
 Assignment cover sheet
 Information Disclosure Statement
 PTO Form 1449
 Copies of IDS citations
 Preliminary Amendment
 A copy of the Petition or Conditional Petition for Extension of Time in the prior application.
 Return Postcard

IF A CONTINUING APPLICATION:

Continuation Divisional Continuation-in-part (CIP)
of prior application No. 1

Amend the specification by inserting before the first line the sentence: This application is a continuation
 division continuation in part of application number , filed .

Cancel in this application original claims of the prior application before calculating the filing fee.
(At least the original independent claim must be retained for filing purposes.)

The prior application is assigned of record to Medtronic, Inc.

The Power of Attorney in the prior application is to: _____.

This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) _____, filed _____.

Address all future correspondence to: Girma Wolde-Michael, Reg. No. 36,724
Medtronic, Inc., MS 301
 710 Medtronic Parkway
 Mailstop LC340
 Minneapolis, Minnesota 55432
 Telephone: (763) 514-6402
 Facsimile: (763) 505-2530

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	25	20	= 5	x 18	90
Independent Claims	6	3	= 3	x 84	252
Multiple Dependent Claims	0		0	+ 280	0
Basic Filing Fee					\$740.00
				TOTAL	1082.00

Charge Deposit Account No. 13-2546 the amount of \$1082.00 for a **TOTAL OF \$1082.00**.

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

01/09/02
Date

Girma Wolde-Michael

Girma Wolde-Michael, Reg. No. 36,724
 MEDTRONIC, INC.
 7000 Central Avenue N.E.
 Minneapolis, Minnesota 55432
 Telephone: (763) 514-6402